

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12387

FILED
Mar 30, 2009
Secretary of State

Entity Name: HIAWASSEE HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-2679699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACKIN, ANDREA
882 JACKSON AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: HELMS, RON
Address: 7029 CROOKED LAKE TRAIL
City-St-Zip: ORLANDO, FL 32818

Title: PD () Delete
Name: HAMILTON, LARRAINE
Address: 7000 OCHOPEE CT
City-St-Zip: ORLANDO, FL 32818

Title: VD () Delete
Name: BRYANT, J D
Address: 7308 CROOKED LAKE CIR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: KENNEDY, JAMES
Address: 7208 LAZY HILL DR.
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Delete
Name: CUNNINGHAM, JAMES
Address: 7216 LAZY HILL DR.
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: HELMS, RON
Address: 7029 CROOKED LAKE TRAIL
City-St-Zip: ORLANDO, FL 32818

Title: SD (X) Change () Addition
Name: HAMILTON, LARRAINE
Address: 7000 OCHOPEE CT
City-St-Zip: ORLANDO, FL 32818

Title: PD (X) Change () Addition
Name: BRYANT, J D
Address: 7308 CROOKED LAKE CIR
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.D.BRYANT

PD

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date